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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. First Inventor or Application Identifier Donald C. Erickso AIR COMPRESSION IMPROVEMENT

es Mail abol No EE 451582748IIS

| Uniy for new h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | onprovisional applications under 37 C.F.R. § 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LAPIESS                 | Wildli Eddor (10.) == 10.00=17000                                                                                                                                                                                                                 |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PPLICATION ELEMENTS apter 600 concerning utility patent application contents                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5.                      | Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application  Washington, DC, 20231                                                                                                                                                     |  |  |  |  |  |
| 2. X Sp. (su sp. (pre - D - C - S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ee Transmittal Form (e.g., PTO/SB/17) ibmit an original and a duplicate for fee processing) ecification [Total Pages 9] electred arrangement set forth below) escriptive title of the Invention ross References to Related Applications tatement Regarding Fed sponsored R & D eference to Microfiche Appendix                                                                                                                                                                                                 | ]1                      | 5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies |  |  |  |  |  |
| - B<br>- B<br>- D<br>- C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ackground of the Invention rief Summary of the Invention rief Description of the Drawings (if filed) retailed Description riaim(s) bstract of the Disclosure                                                                                                                                                                                                                                                                                                                                                   |                         | ACCOMPANYING APPLICATION PARTS  7. Assignment Papers (cover sheet & document(s))  8. 37 C.F.R.§3.73(b) Statement Power of Attorney  9. English Translation Document (if applicable)                                                               |  |  |  |  |  |
| 4. Oath or I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Awing(s) (35 U.S.C. 113) [Total Sheets ]  Declaration [Total Pages]  Newly executed (original or copy)  Copy from a prior application (37 C.F.R. § (for continuation/divisional with Box 16 complete i. DELETION OF INVENTOR(S) Signed statement attached deleti inventor(s) named in the prior application inventor(s) named in the prior application is a 11: IN ORDER TO BE ENTITLED TO PAY SMALL LECENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1:27), ED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § | ng<br>cation,<br>33(b). | 10.                                                                                                                                                                                                                                               |  |  |  |  |  |
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  17. CORRESPONDENCE ADDRESS  Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Donald C. Erickson Energy Concepts Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 627 Ridgely Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                                   |  |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Annapolis sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ate M                   | AD Zip Code 21401                                                                                                                                                                                                                                 |  |  |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | USA Telephon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | θ 4                     | 410-266-6521 Fax 410-266-6539                                                                                                                                                                                                                     |  |  |  |  |  |
| Name (F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PrintType) Donald C. Erickson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         | Registration No. (Altorney/Agent)                                                                                                                                                                                                                 |  |  |  |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

PTO/SB/17 (6/99) O See through 09/30/2000. OMB 0651-0032 Cork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

9/5/00

Date

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Attorney Docket No.

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|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|--|--|
| FEE TRANSMITTAL                                                                                                                               | Complete if Known    |                    |  |  |
| I LE IIIAIIOIIII IAL                                                                                                                          | Application Number   |                    |  |  |
| for FY 1999                                                                                                                                   | Filing Date          | SEPT. 5, 2000      |  |  |
| Patent fees are subject to annual revision.                                                                                                   | First Named Inventor | Donald C. Erickson |  |  |
| Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTOISB/09-12. | Examiner Name        |                    |  |  |
| See 37 C.F.R. §§ 1.27 and 1.28.                                                                                                               | Group / Art Unit     |                    |  |  |

TOTAL AMOUNT OF PAYMENT (\$) 380

| METHOD OF PAYMENT (check one)                                                                      | FEE CALCULATION (continued)                                                            |              |                                                                            |          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------|----------|--|--|--|--|--|
| 1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | 3. ADDITIONAL FEES  Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid |              |                                                                            |          |  |  |  |  |  |
| Deposit Account 05-1067                                                                            | Code (\$)                                                                              |              | Fee Description                                                            | ree raid |  |  |  |  |  |
| Number U3=1007                                                                                     | 105 130                                                                                | 205 65       | Surcharge - late filing fee or oath                                        |          |  |  |  |  |  |
| Deposit<br>Account Donald C. Erickson                                                              | 127 50                                                                                 | 227 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |  |  |  |  |  |
| Name                                                                                               | 139 130                                                                                | 139 130      | Non-English specification                                                  |          |  |  |  |  |  |
| Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17                                   | 147 2,520                                                                              | 147 2,520    | For filing a request for reexamination                                     |          |  |  |  |  |  |
| 2. Payment Enclosed:                                                                               | 112 920*                                                                               | 112 920*     | Requesting publication of SIR prior to<br>Examiner action                  |          |  |  |  |  |  |
| Money Other                                                                                        | 113 1,840                                                                              | * 113 1,840* | Examiner action                                                            |          |  |  |  |  |  |
| FEE CALCULATION                                                                                    | 115 110                                                                                | 215 55       | Extension for reply within first month                                     |          |  |  |  |  |  |
|                                                                                                    | 116 380                                                                                | 216 190      | Extension for reply within second month                                    |          |  |  |  |  |  |
| 1. BASIC FILING FEE Large Entity Small Entity                                                      | 117 870                                                                                | 217 435      | Extension for reply within third month                                     |          |  |  |  |  |  |
| Fee Fee Fee Fee Description                                                                        | 118 1,360                                                                              | 218 680      | Extension for reply within fourth month                                    |          |  |  |  |  |  |
| Code (4) Code (4)                                                                                  | 128 1,850                                                                              | 228 925      | Extension for reply within fifth month                                     | <b></b>  |  |  |  |  |  |
| , , ,                                                                                              | 119 300                                                                                | 219 150      | Notice of Appeal                                                           |          |  |  |  |  |  |
|                                                                                                    | 120 300                                                                                | 220 150      | Filing a brief in support of an appeal                                     |          |  |  |  |  |  |
| 107 480 207 240 Plant filing fee                                                                   | 121 260                                                                                | 221 130      | Request for oral hearing                                                   |          |  |  |  |  |  |
| 108 760 208 380 Reissue filing fee                                                                 | 138 1,510                                                                              | 138 1,510    | Petition to institute a public use proceeding                              |          |  |  |  |  |  |
|                                                                                                    | 140 110                                                                                | 240 55       | Petition to revive - unavoidable                                           |          |  |  |  |  |  |
| SUBTOTAL (1) (\$) 380                                                                              | 141 1,210                                                                              | 241 605      | Petition to revive - unintentional                                         |          |  |  |  |  |  |
| 2. EXTRA CLAIM FEES                                                                                | 142 1,210                                                                              | 242 605      | Utility issue fee (or reissue)                                             |          |  |  |  |  |  |
| Fee from Extra Claims <u>below</u> Fee Paid                                                        | 143 430                                                                                | 243 215      | Design issue fee                                                           |          |  |  |  |  |  |
| Total Claims 20 -20** = 0 x = 0                                                                    | 144 580                                                                                | 244 290      | Plant issue fee                                                            |          |  |  |  |  |  |
| Independent 3 - 3** = O X = O                                                                      | 122 130                                                                                | 122 130      | Petitions to the Commissioner                                              |          |  |  |  |  |  |
| Multiple Dependent = 0                                                                             | 123 50                                                                                 | 123 50       | Petitions related to provisional applications                              |          |  |  |  |  |  |
| **or number previously paid, if greater, For Reissues, see below                                   | 126 240                                                                                | 126 240      | Submission of Information Disclosure Stmt                                  | <b></b>  |  |  |  |  |  |
| Large Entity Small Entity<br>Fee Fee Fee Fee Fee Description                                       | 581 40                                                                                 | 581 40       | Recording each patent assignment per property (times number of properties) |          |  |  |  |  |  |
| Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20                                           | 146 760°                                                                               | 246 380      | Filing a submission after final rejection                                  |          |  |  |  |  |  |
| 102 78 202 39 Independent claims in excess of 3                                                    | 149 760                                                                                | 249 380      | (37 ČFR § 1.129(a))                                                        |          |  |  |  |  |  |
| 104 260 204 130 Multiple dependent claim, if not paid                                              | 149 /60                                                                                | 240 300      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |  |  |  |  |  |
| 109 78 209 39 ** Reissue independent claims<br>over original patent                                | Other fee (s                                                                           | pecify)      |                                                                            |          |  |  |  |  |  |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent                            | Other fee (specify)                                                                    |              |                                                                            |          |  |  |  |  |  |
| SUBTOTAL (2) (\$) O Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)                             |                                                                                        |              |                                                                            |          |  |  |  |  |  |
| SUBMITTED BY . Complete (if applicable)                                                            |                                                                                        |              |                                                                            |          |  |  |  |  |  |
| Name (Printl Type) Donald C. Erickson Registration No. (Attorney/Agent) Telephone 410-266-6521     |                                                                                        |              |                                                                            |          |  |  |  |  |  |

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